



State of Arizona
Board of Respiratory Care Examiners
1400 W. Washington, Suite 200
Phoenix, Arizona 85007
(602) 542-5995 FAX (602) 542-5900
www.rb.state.az.us

APPLICATION FOR LICENSURE AS A RESPIRATORY CARE PRACTITIONER

Please read the instructions which accompany this application form before completing any of the following sections. **INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED FOR LICENSURE.** Failure to submit fees at time of application constitutes an incomplete application. The application fee is **non-refundable**. All applications must be accompanied by the proper documentation (i.e. NBRC Certificate, Certificate of Completion from a AMA approved training program, fingerprint card, Court documents).

- 1.) **NAME** _____
(First, Middle, Last)
- 2.) **MAILING ADDRESS** _____
CITY _____ **STATE** _____ **ZIP CODE** _____
- 3.) **PERMANENT ADDRESS** (if different from above) _____

- 4.) **EMPLOYER NAME** _____
ADDRESS _____
CITY _____ **STATE** _____ **ZIP CODE** _____
- 5.) **CURRENT POSITION** _____ **EMPLOYMENT DATES** _____
SUPERVISOR'S NAME _____ **PHONE NUMBER** _____
- 6.) **AREA OF CARE/SPECIALTY** _____
- 7.) **EMAIL ADDRESS** _____
- 8.) **HOME PHONE NUMBER** () _____
OTHER PHONE NUMBER() _____

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- 9.) Have you ever been known by another name? ☐ Yes ☐ No (If yes, please state full name **[including maiden]**, include dates of use, and include **documentation of the name change- i.e. marriage license or divorce decree**). If you are applying for licensure under a different name than what appears on your NBRC CRT or RRT certificate, we require documentation.

Name/Names: _____

- 10.) Are you **NBRC CRT or RRT certified?** ☐ Yes ☐ No
Date of test _____ Attach copy of NBRC certificate.

11.) **EDUCATION**

- A. Name and Address of the **AMA approved** or equivalent Respiratory Care Training:

Name _____ Address _____

City _____ State _____ Zip Code _____

Training Completion Date _____ Attach copy of Degree/Diploma received.

- B. Highest level of Education Completed:

Vocational/Respiratory School _____ Associate Degree _____
Baccalaureate Degree _____ Master's Degree _____
Doctorate _____ Other: _____

- C. Date of Completion/Graduation _____

- 12.) Name **all** States (include license numbers and expiration dates) in which you currently hold or have ever held a license to practice Respiratory Care:

<u>State</u>	<u>License #</u>	<u>Expiration Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Please note: If you have ever been licensed as a Respiratory Care Practitioner in another State, **you must send** an Arizona out-of-State Verification form to the licensing agency/board in that State.)

- 13.) Have you ever been denied a license or certificate, or the privilege of taking an examination by any governing licensing agency/board in this state or elsewhere?

Yes ☐ If yes, attach a complete explanation including dates, places and a copy of any Order issued.

No ☐

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- 14.) Are you the subject of any pending disciplinary action(s) that are directly or indirectly related to your employment as a Respiratory Care Practitioner?
Yes ___ If yes, attach a complete explanation including dates, places and a copy of any Order issued.
No ___
- 15.) Have you ever voluntarily surrendered a professional license?
Yes ___ If yes, attach a complete explanation including dates, places and a copy of any Order issued.
No ___
- 16.) Has any professional license or certificate of any kind been issued to you by a governmental authority, whether in this state or elsewhere? ___ If yes, has that license or certificate ever been the subject of discipline, censure, probation, practice restriction, suspension, revocation or cancellation?
Yes ___ If yes, attach a complete explanation including dates, places and a copy of any Order issued.
No ___
- 17.) Have you previously filed an application for a Respiratory Care Practitioner's license in Arizona?
Yes ___ If yes, when? _____
No ___
- 18.) Have you ever enrolled in or been committed to a substance abuse program in the last ten years? (Substance abuse includes alcohol).
Yes ___ If yes, attach complete explanation including dates, places and a copy of any documentation of completion of the program.
No ___
- 19.) Omitting minor traffic violations (infractions), have you ever been convicted of, or pled no contest (nolo contendere) to, entered into any agreement concerning arrest or charge (even if the agreement resulted in dismissal or expungement), or have an outstanding arrest or charge for any violation of any law of any state of the United States, or a foreign country? **THIS INCLUDES ALL MISDEMEANORS AND FELONIES. ANY CONVICTION WHICH HAS BEEN EXPUNGED UNDER TITLE 13, SECTION 1203 OF THE ARIZONA PENAL CODE (OR SIMILAR STATE OR FEDERAL STATUTE) MUST BE DISCLOSED.**
Yes ___ If yes, please explain on a separate sheet of paper and include (whichever pertain): dates and location of offense, conviction, court of jurisdiction, dates of imprisonment, parole or probation served and attach copies of all pertinent documentation (court orders, plea agreements, etc.)
No ___
- 20.) Have you ever had any habitual intemperance to drugs or alcohol?
Yes ___ If yes, attach a complete explanation.
No ___

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Please note: Social Security Numbers and Dates of Birth are considered confidential information and will not be provided to the public.

IDENTIFICATION INFORMATION:

DATE OF BIRTH: _____ S.S.N. _____

GENDER: _____ MALE _____ FEMALE

HEIGHT: _____ WEIGHT: _____ HAIR: _____ EYES: _____

STATUS DECLARATION:

CITIZEN OR NATIONAL OF THE UNITED STATES: _____ Yes _____ No*

- IF THE ANSWER IS "YES," WHERE WERE YOU BORN? LIST CITY, STATE (or equivalent), AND COUNTRY.

CITY: _____ STATE: _____

COUNTRY: _____

- *IF YOU ANSWERED "NO" TO THE CITIZEN OR NATIONAL QUESTION PLEASE COMPLETE THE ALIEN STATUS DECLARATION ATTACHED.

AFFIDAVIT

I hereby authorize all hospitals, institutions, credentialing agencies, organizations, personal physicians, employers (past and present), business and professional associates (past and present), and all government agencies (local, State, Federal, or foreign) to release to the Board of Respiratory Care any information, files or records requested by the Board in connection with the processing of my application. I further authorize the Board of Respiratory Care to release information contained in this application in association with its processing.

Also, I understand that I must abide by the rules and statutes for licensing in Respiratory Care as defined in the Laws and Regulations issued by Arizona State Board of Respiratory Care and by the Arizona Revised Statutes and Rules issued by the Arizona State Board of Respiratory Care.

I certify, upon penalty of perjury under the laws of the State of Arizona, that the document enclosed (Application for Licensure as a Respiratory Care Practitioner) is a true and correct copy of the original received by me. I further certify that any additional materials enclosed are true and correct copies of originals received by me and are originals issued to me.

PRINT NAME: _____

SIGNATURE: _____ Date: _____

APPLICATION FOR LICENSURE

BEFORE YOU MAIL THIS APPLICATION PLEASE BE SURE:

- * You have included the correct fee:
Application fee - \$100.00 or Foreign application fee -
\$200.00
Initial license fee - \$120 .00
Fingerprint fee - \$ 50.00 -- this fee must be cashier's check
or money order
as per R-4-45-102(A)(1),(2),(3)
- * **If this is a re-application**, you must include the application fee plus the
initial license fee and fingerprint fee at the time of application -
Total required: \$270.00
- * A fingerprint card filled in with all required information and a complete,
professionally rolled set of fingerprints. Please read instruction sheet included with
fingerprint card carefully. ***Also, please note that a license application without a
fingerprint card attached will be considered incomplete and returned to you and an
application for a permanent license will not be processed until the Board
receives the results of the background check.***
- * You have signed where appropriate
- * You have attached copies of any additional documents needed, such as:
a copy of your successful examination certificate
a copy of your NBRC Certificate (or scores)
a marriage license/divorce decree if you are applying for licensure
under a different name than what appears on your NBRC CRTT or
RRT certificate
any required written statements and/or court documents
- * If you have ever been licensed as a Respiratory Care Practitioner in another State,
you must send an Arizona out-of-State Verification form to the licensing agency
or board in that State

Make checks or money order payable to:

ARIZONA BOARD OF RESPIRATORY CARE EXAMINERS

[Cash will not be accepted and all fees are non-refundable - *R4-45-102 (B).*]

Mail to:

ARIZONA BOARD OF RESPIRATORY CARE EXAMINERS

1400 W. Washington - Ste. 200

Phoenix, AZ 85007

DECEMBER 2007